

POLICY NUMBER:

PERSONAL AUTO  
PP 03 33 06 98

## CERTIFICATE OF INSURANCE – TRUSTS

### SCHEDULE

Insurance Company Policy Number Effective Date Expiration Date Named Insured Address	
<b>Name Of Trust</b>	<b>Name(s) And Address(es) Of Trustee(s)</b>
<b>Description Of Vehicle(s)</b>	
<b>Liability Coverage</b>	<b>Limits Of Liability</b>
Single Limit Liability	\$ each accident
or	
Bodily Injury Liability	\$ each person
	\$ each accident
Property Damage Liability	\$ each accident

The vehicles described in the Schedule, if owned jointly by the named insured and a trust, are insured for automobile liability coverage under the policy indicated in the Schedule above.

If this policy is terminated, notice will also be mailed to the Trustee(s) named in the Schedule.